

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036438

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 4726

STATE FILE NUMBER

VS 300
Rev. 4/59

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27012

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Andrew Mc Canse

FILED SEP 18 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in 1b

33 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Luke's Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jackson

c. CITY OR TOWN

Raytown

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)
5311 Hedges

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Christine

E

Selvey

4. DATE OF DEATH

Month

Day

Year

Aug 24 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

8/18/15

9. AGE (last birthday)

48

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Secretary

10b. KIND OF BUSINESS OR INDUSTRY

Electric Mfg.

11. BIRTHPLACE (City and state or country)

Kingsville Mo.

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

George M West

13b. MOTHER'S MAIDEN NAME

Carrie Stufflebeam

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Stanley West 11933 E 45 Ter, K C Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute tubular necrosis of kidneys

DUE TO (c)

Shock from Hemorrhage

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Multiple rib fractures

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Auto accident - head on collision

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year:

7-22-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-22-63 to 8-24-63 and last saw her alive on 8-24-63

Death occurred at 8:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Andrew Mc Canse, MD

(Degree, or title)

22b. ADDRESS

4320 Wornall, Kansas City, Mo.

22c. DATE SIGNED

8-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8/26/1963

23c. NAME OF CEMETERY OR CREMATORY

Lone Jack Cemetery

23d. LOCATION (City, town, or county)

Lone Jack Mo.

24. FUNERAL DIRECTOR

Bangstad Funeral Home

25. DATE RECD. BY LOCAL REG.

Lee's Summit Mo.

26. REGISTRAR'S SIGNATURE

8-26-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W B Langford

Licensed Embalmer No.

3833

P. O. Address

*Leeb Summit
Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.